

LEA: _____
Psychological Services

THERAPY NOTE

Student: _____ **Date:** _____

DOB: _____ **School:** _____

Age: _____ **Grade:** _____

Medicaid No.: _____ **SASI No.** _____

Diagnosis code: _____

Session Start Time: _____ **Session End Time:** _____

Individual Therapy

_____90804 (20-30 min)

_____90806 (45-50 min)

_____90808 (75-80 min)

Play Therapy

_____90810 (20-30 min)

_____90812 (45-50 min)

_____90814 (75-80 min)

Family Therapy

_____90846 (w/o student)

_____90847 (with student)

Group Therapy

_____90853

Interval History:

Current Medication:

Focus of Session/ Issues Addressed:

Plan of Treatment/ Intervention:

Clinician, Title

Printed Name